

BRUSH VALLEY TOWNSHIP
PO Box 21
Brush Valley, PA 15720
Phone: 724-479-3358

BUILDING PERMIT AND PLANS EXAMINATION APPLICATION

RESIDENTIAL & COMMERCIAL APPLICATION

1. LOCATION (911 ADDRESS)_____

City_____State_____Zip_____

Tax Parcel # 08-_____

2. Type of Improvement_____

3. Residential or Commercial (Please circle one)

4. **Is Project in flood hazard area: Yes or No** (If yes, submit one copy of the hazard certification mandated in section 1612.5 of the International Building Code)

5. Total Cost of Project \$_____

6. Proposed Use of Building_____

7. Characteristics of Building:

Type of Frame:_____

Sewage: Public or Private (Please circle one) Permit Number:_____

Water Supply: Public or Private (Please circle one)

Electricity Provider: _____

Type of Heating Fuel: _____ Central Air Conditioning: Yes or No

Total square feet of floor areas (all floors):_____

Number of stories:_____ Finished Basement: Yes or No

Residential Only: Number of Bedrooms : _____Number of Bathrooms:_____

Commercial Only: Number of Off-Street Parking Spaces: _____

8. Brief Description of Project: _____

